

Alabama Veterinary Professional Wellness Program

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Quarterly Self- Assessment Report (To be completed by participant and provided to Monitoring Professional – quarterly)

Participant (Signature)	(please print name)	Date
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1. What is your sobriety date/last use? _____
2. Has your sobriety date changed since your last quarterly report? _____ Yes _____ No
3. Drugs of choice: _____
4. Current Medications: _____
5. Describes any thoughts or tendencies toward compulsive or disruptive behavior (Sex, food, gambling, spending, drugs, or specify):
6. Quality of Life- Describe current challenges in each area>
 - a. Work:
 - b. Home:
 - c. Family:
 - d. AA/Meetings
7. Indicate (as accurately as possible) times **per month** you engage in the following recovery activities: ***Evidence of your attendance may be required.**

_____ Attend 12 step meetings	_____ Attend Therapeutic Monitoring group meetings
_____ Attend Caduceus group meetings	_____ Attend individual therapy/counseling sessions
_____ Name & Phone of Sponsor: _____	
8. Random urine testing is being performed and specimen collection is always observed by lab personnel? _____ Yes _____ NO

*Note to monitor: Please make any comments on the back side of this form then send to AVPWP.

Mail to: 2148 Greensprings Hwy., Birmingham, AL 35205 or FAX to: (205) 326-8085